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PATENT

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Docket No.: KADAN-2

In re Application of:

PAUL KADAN et al.

Appl. No.: 10/827,112

Filed: April 19, 2004

For: SWITCHING DEVICE

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
S I R:

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above application in response to the Official Action of August 1, 2005, having a shortened period for response terminating November 1, 2005.

1.	Submission required under	37	C.F.1	R. §	<u>1.114</u>

- a. [] Previously submitted
 - i. [] Consider the amendment(s)/reply under 37 C.F.R. §1.116, previously filed on .
 - ii. [] Consider the arguments in the Appeal Brief or Reply Brief previously filed on .
 - iii. [] Other

Docket No: KADAN-2 Appl. No: 10/827,112

-	 Enclosed	
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n	 CHRIDSEL	

- i. [X] Amendment/reply.
- ii. [] Affidavit(s)/Declaration(s)
- iii. [] Information Disclosure Statement (IDS)
- iv. [] Other

2. Miscellaneous

- a. [] Suspension of action on the above-identified application is requested under 37 C.F.R. §1.103 (c) for a period of ______ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(i) required)
- b. [] Other
- 3. Fees The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. §1.114 when the RCE is filed.
 - a. [X] The Commissioner is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 06-0502.
 - i. [X] RCE fee required under 37 C.F.R. § 1.17(e)
 - ii. [] Extension of time fee (37 C.F.R. §§ 1.136 and 1.17)
 - iii. []Other
 - b. [] Check in the amount of \$ enclosed
 - c. [] Payment by credit card (From PTO-2038 enclosed)
 - d. [X] The Commissioner is hereby authorized to charge any additional fees that may be required, or credit any overpayments, to Deposit Account No. 06-0502.

Respectfully

Rv.

Herby M. Feiereiser Agent for Applicant

Reg. No. 31,084

Date: November 1, 2005 350 Fifth Avenue, Suite 4714

New York, N.Y. 10118 (212) 244-5500

HMF:af